

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/542435

FILING DATE

APPLICANT(S)

7-15-05 5206 CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1		1	
2			1		1	
3				1		1
4				1		1
5				1		1
6				1		1
7				1		1
8			1		1	
9				3		3
10				3		3
11				3		3
12				3		3
13				3		3
14				3		3
15				3		3
16				3		3
17				3		3
18			1		1	
19				3		3
20				1		1
21				1		1
22				1		1
23			1		1	
24				1		1
25				1		1
26				1		1
27				1		1
28				1		1
29				1		1
30				1		1
31				1		1
32			1		1	
33				1		1
34				1		1
35				1		1
36				1		1
37			1		1	
38				1		1
39				1		1
40				1		1
41				1		1
42			1		1	
43				1		1
44				1		1
45						
46						
47						
48						
49						
50						
TOTAL IND.		↓	9	↓	9	↓
TOTAL DEP.		←	55	←	55	←
TOTAL CLAIMS			64		64	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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95						
96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						